

***Summary of Changes to Maine Accountable Communities Quality Framework Measures Spreadsheet  
3.7.14***

<b>Change/ Addition</b>	<b>Nature of Change/ Addition</b>	<b>Current Quality Domain (if applicable)</b>	<b>Rationale (if applicable)</b>
1. Indicated which measures align with Meaningful Use and Medicaid Adult Core Measure set in “Alignment with State/ Federal Initiatives” column in spreadsheet	Informational	All	Per 11/19 call with CMS
2. Added and populated column indicating “Current Maine Quality Improvement Activities” for each measure	Informational	All	Per 11/19 call with CMS
3. Added Diabetes - Glucose Control (HbA1c Control) clinical measure (measures 2 and 12 on spreadsheet), to be collected via Maine’s Health Information Exchange. The adult measure will be a core measure and the children’s, due to low sample size, a monitoring and evaluation measure.	Substantive	At-Risk Populations	Per suggestion on 11/19 call with CMS to adopt a clinical “stretch” measure.
4. Changed two measures from “Care Coordination & Patient Safety” domain to “At-Risk Populations” domain: <ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness (measure 5)</li> <li>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (measure 6)</li> </ul>	Substantive	At-Risk Populations	Determined it would be preferable to have these behavioral health-related measures represented under “At-Risk Populations.” In addition, this ensures more representation in this category of measures pertaining to both adults and children.

5. Changed Diabetes- (HbA1c) Testing (children) measure from Elective to Monitoring and Evaluation status (current measure 13).	Substantive	At-Risk Populations	Determined that low sample size statewide made it highly unlikely that any Accountable Community could be scored on this measure.
6. Changed Imaging for low back pain measure (measure 21) from Core to Monitoring and Evaluation status.	Substantive	Care Coordination/ Patient Safety	Acknowledgment, in response to provider feedback, that the lack of a specific benchmark goal for this measure (i.e. 0%) would make it impossible to compare performance to a percentile of benchmark amount.
7. Developmental Screening - First Three Years of Life (measure 24): Changed Benchmark Comparison in Year 2 from states' CHIP annual reports to Maine PCCM practices.	Substantive	Preventive Health	The State decided it would be more straightforward to calculate a comparison for PCCM practices (an existing measure) rather than determine a benchmark from individual state CHIP reports.
8. Added Well-Child Visits ages 0-15 months measure (measure 25).	Substantive	Preventive Health	The State had initially excluded this measure because of relatively high performance on the measure. However, upon further discussion the State decided the measure should be added since there was no good alternative to track immunization rates and many immunizations, as well as other important preventive services, take place at these visits.
9. Removed Breast Cancer Screening measure for Performance Year 1.	Substantive	Preventive Health	The measure will be added once modifications to the measure have been finalized to align with updated clinical guidelines.
10. Changed number of required elective measures from 4 to 3.	Substantive	N/A	Aligns with decrease of total number of elective measures from 7 to 6 with the switch of Children's HbA1c measure to monitoring vs elective status.
11. Cardiovascular Health Screening for people with Schizophrenia or Bipolar Disorder that are taking antipsychotic medication (measure 20).	Substantive	At-Risk Populations	In response to provider feedback, measure changed from Maine-specific LDL Testing in Patients with Atypical Antipsychotics measure to this similar, nationally recognized NQF measure. Monitoring & Evaluation only.